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MARYLAND HEALTH CARE COMMISSION

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January 10, 2019

E-mail and USPS Mail

Jacob Minang, Ph.D.
Optimal Health Care, Inc.
6 West Washington Street, Suite 212
Hagerstown, Maryland 21740

**Re: CON Application to Authorize a
Residential Service Agency to Provide
Home Health Services in Upper Eastern
Shore
Matter # 18-R1-2426**

Dear Dr. Minang,

Commission staff has reviewed the above referenced application for Certificate of Need (“CON”) approval to authorize the applicant to provide home health services in the jurisdictions of the Upper Eastern Shore Region. Staff found the application incomplete, and accordingly, requests that you provide responses to the following questions:

Part I: Project Identification and General Information

Charity Care and Sliding Fee Scale

1. In the applicant’s answer to question five of the first set of completeness questions, the applicant references that it “provided services to Maryland State Medicaid recipients and clients with private insurance on the Eastern Upper Shore area for the last two years.” Please provide the number of patients that were Medicaid versus private pay for those two years by filling out the chart below.

	Year 2016	Year 2017
Medicaid Patients		
Private Pay Patients		
Total Patients		

2. In the applicant's answer to question five of the first set of completeness questions, the applicant also references that "All of our charity care has been in the Western Maryland area where we have operated for more than 8 years." Please provide the proportion of charity care visits versus total visits for the past three years by filling out the chart below.

	Year 2015	Year 2016	Year 2017
Charity Care Visits			
Total Visits			

3. Please describe in detail a plan for meeting the Charity Care goal that was set forth by the applicant in response to COMAR 10.24.16.08 E. Describe a comprehensive approach to engaging with community-based agencies and other non-hospital providers serving indigent populations in each of the five jurisdictions the applicant proposes to serve and describe the internal processes that will be utilized by the applicant to ensure accountability to this goal.

Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt. (Note: extensions are provided routinely and available upon request). Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov) and Laura Hare (laura.hare1@maryland.gov).

All information supplementing the application must be signed by a person(s) available for cross-examination on the facts set forth in the supplementary information, and who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Should you have any questions regarding this matter, feel free to contact me at (410) 764-5596.

Sincerely,



Laura Hare
Health Policy Analyst

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cc: Dyllis Minang, Ph.D. Candidate, MSN, Optimal Home Health Care
Kevin McDonald, Chief of Certificate of Need
Scott T. LeRoy, Caroline County Health Officer
Leland Spencer, M.D., Kent County Health Officer
Joseph Ciotola, M.D., Queen Anne's County Health Officer
Fredia Wadley, M.D., Talbot County Health Officer
Linda Cole, Chief of Long Term Care Planning
Cathy Weiss, Long Term Care Planning